

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC		Response Timely Filed? (x) Yes () No	
Requestor's Name and Address Richard Taylor, DO, PA PO Box 3160 Palestine TX 75802		MDR Tracking No.: M4-03-7354-01	
		TWCC No.:	
		Injured Employee's Name:	
Respondent's Name and Address BOX #: 46 UT System / WCI Dallas Office 6300 Forest Park Road, #267-A Dallas TX 75235		Date of Injury:	
		Employer's Name: UT System	
		Insurance Carrier's No.: 02B0096	

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
10/21/02	1/7/03	97010, 99213	\$59.00	\$59.00
10/21/02	1/7/03	64999	\$3,325.00	\$0.00

PART III: REQUESTOR'S POSITION SUMMARY

5/29/03: "...The insurance carrier...has denied CPT code 64999 as not authorized with a denial message of "per documentation, submitted by the health care provider, falls under the category of new device for which there is potential efficiency but is not broadly accepted as the prevailing standard of care." We would like to point out that per Rule 134.600... the DRX treatment is not listed as one of the 14 items that require preauthorization. This is treatment to the patient. It is not a DME device...The DRX is not experimental or investigational, it is FDA approved since 1999...The insurance carrier is in direct violation of 408.021...CPT code 64999 is used to describe non-surgical decompression of the spine. An unlisted code is used because there currently is no code assigned for this treatment...The protocol is usually 20 visits but may vary on a case by case basis..."

PART IV: RESPONDENT'S POSITION SUMMARY

7/10/03: "...Per TWCC Rule 134.600(h)(14), the non-emergency health care requiring preauthorization includes any investigational or experimental service or device for which there is early, developing scientific or clinical evidence... According to TWCC's website, Approved Doctor List, Level 2 Certification, Chapter 4, "The List." "This is a category mandated by HB 2600. The law defines investigational or experimental services, and this definition was incorporated into the rule. If the AMA has assigned a Category I CPT code, then the procedure is considered to be consistent with contemporary medical practice and is therefore not experimental or investigational..."There was no request for preauthorization..."

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

- CPT Code 64999 for DOS 10/21/02 through 12/5/02 was denied 'A.' The requestor submitted an article from the MTG Newsletter, Copyright 2001 Peer Review Network, Inc.' to support their position. Preauthorization was not obtained according to 134.600(h)(14), therefore reimbursement can not be recommended.
- CPT Code 97010 for DOS 10/23/02 was denied "N= Documentation needed to support service." The documentation provided by the requestor supports services rendered according to MFG/MGR, (I)(A)(10), therefore reimbursement per MAR is due: \$11.00.
- CPT Code 99213 for DOS 1/7/03 was denied "N=Documentation needed to support service." The documentation provided by the requestor supports services rendered according to MFG/MGR (I) (B), therefore reimbursement per MAR is due: \$48.00.

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____